

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
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46						
47						
48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.	70					
TOTAL CLAIMS	74					

	IND		DEP		IND		DEP		IND		DEP	
	IND	DEP										
51			1									
52			1									
53			1									
54			1									
55			4									
56			3									
57			3									
58			2									
59			3									
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61			1									
62			2									
63			2									
64			1									
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TOTAL IND.												
TOTAL DEP.												
TOTAL CLAIMS												